



Investigation into the Bullying Experiences of Children and Adolescents with an Autistic Spectrum Disorder

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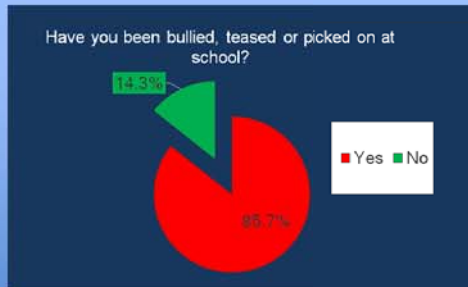
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Investigation into the Bullying Experiences of Children and Adolescents with an Autism Spectrum Disorder



"I ignore it but that does not work and I cannot cope"

"I tell a teacher I am sick so I can go home"



Rationale

We know that children/adolescents with an Autism Spectrum Disorder are particularly vulnerable to bullying and harassment from their peers. This vulnerability can be partly attributed to poor understanding of others' motives and use of atypical social responses from children/adolescents with an Autism Spectrum Disorder.

Previous Findings: About 62% of students with an ASD report being bullied one or more times per week (Bottroff & Slee, 2008).

More research is needed to help us clarify those issues which are significant to understanding how these children/adolescents perceive, make sense of, and respond to bullying.

"I can't ignore, I take notice of everything around me, I can't help it!"

Key Themes



"Older children and adolescents often aren't able to pick up on the very early, low-level precursors to bullying. They won't pick up on the sarcasm, they won't pick up on the mimicking or the mocking, they won't realise they are being bullied- especially if they're desperate for friends." (Bitsika, 2012, ABC Radio)

This project is also examining the physical and emotional outcomes which can occur for students with an ASD who are being bullied. Our focus is on gathering information about these students' experiences from their perspective and in their own words.

Methodology

Stage I

Phase A (Complete)

Conduct interviews with 10 children with an ASD who attend mainstream schools. Develop bullying questionnaire (version1)

Phase B (Currently in Progress)

Complete initial evaluation of bullying questionnaire via administration to participants. Write standardised bullying questionnaire to be sent to 100 participants.

Stage II

Phase A

Conduct refinement and psychometric evaluation of the standardised bullying questionnaire from 100 participants, plus examine associations between bullying reports and anxiety, depression.

Phase B

Plan pilot intervention study

Stage III

Phase A

Conduct pilot study (n = 5) for targeted coping with bullying intervention

Phase B

Evaluate data from pilot study of intervention and revise plan for main study.

Phase C

Conduct main intervention study (n = 50) of targeted coping with bullying strategies, with Wait-List Control Group (n = 50).

Preliminary Findings

- Over 85% of boys who participated in the research reported that they had been bullied.
- 25% of them reported that this bullying was carried out by a person who sometimes their friend.
- An overwhelming 84.6% of boys said it made them feel angry whilst 61.5% reported feelings of sadness.
- Feelings of nervousness, fear and loneliness were common experiences for many boys we surveyed.

BULLYING EXPERIENCES

How does bullying happen to you?
You can click on more than one option

RESPONSE	% PARTICIPANTS
Happens nearly every day	31%
In the classroom	64%
In the playground	91%
In the toilets	9%

"I get really angry and tease them back"

"Walk away, or push and get away"

Anxiety and Depression

Preliminary findings for anxiety and depression show a significant difference between normative samples and the boys who participated in the research.

Attention, worry and irritability all presented as markedly high within this group of participants. Scores from self-report assessments indicate clinically significant levels of anxiety and depression.

These initial data support the finding that children and adolescents with an Autism Spectrum Disorder have poorer social-emotional adjustment, find it difficult to make friends and experience loneliness at school (Nansel et al., 2001).

Future Directions

This project will produce a training programme which may be used to assist students with an ASD to cope with bullying. The programme will be stand-alone and portable to a wide variety of educational and service provision settings, and will assist young people with an ASD to develop skills to cope with a major problem which adversely impacts their self-management in day-to-day life, and which has been shown to cause significant distress and burden in terms of poor psychological health and educational progress for these children and adolescents.

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